

the Coast Guard to analyze the impacts of Hurricane Katrina on Coast Guard assets and operations, the Coast Guard's preparedness for such a storm, the Coast Guard's capabilities to communicate during and after the storm, and the financial impacts unbudgeted increases in the price of fuel on Coast Guard operations in FYs 2005 and 2006.

The Conference substitute adopts the Senate provision.

*Section 706. Report on impacts on navigable waterways*

The House bill does not contain a comparable provision.

Section 709 of the Senate amendment requires the Coast Guard to submit a report on the impacts of Hurricane Katrina on navigable waterways and the response of the Coast Guard to such impacts.

The Conference substitute adopts the Senate provision.

**TITLE VIII—OCEAN COMMISSION  
RECOMMENDATIONS**

*Section 801. Implementation of international agreements*

The House bill does not contain a comparable provision.

Section 302 of the Senate amendment requires the Secretary to work with responsible officials and agencies of other nations to accelerate efforts at the International Maritime Organization (IMO) to enhance flag state oversight and enforcement of security, environmental, and other agreements adopted within the IMO, including implementation of a code outlining flag state responsibilities and obligations, an audit regime for evaluating flag state performance, measures to ensure that responsible organizations, acting on behalf of flag states, meet established performance standards, and cooperative arrangements to improve enforcement on a bilateral, regional or international basis.

The Conference substitute adopts the Senate provision with a technical amendment to clarify that the Secretary shall work with our international partners to accelerate the implementation and enforcement of those international agreements to which those nations are a party.

*Section 802. Voluntary measures for reducing pollution from recreational boats*

The House bill does not contain a comparable provision.

Section 303 of the Senate amendment requires the Secretary to, in consultation with appropriate federal, state, and local government agencies, undertake outreach programs for educating the owners and operators of boats using two-stroke engines about the pollution associated with such engines, and to support voluntary programs to reduce such pollution and encourage the early replacement of older two-stroke engines.

The Conference substitute adopts the Senate provision.

*Section 803. Integration of vessel monitoring system data*

The House bill does not contain a comparable section.

Section 304 of the Senate amendment requires the Secretary to integrate vessel monitoring system data into its maritime operations databases for the purpose of improving monitoring and enforcement of federal fisheries laws and to work with the Undersecretary of Commerce for Oceans and Atmosphere to ensure effective use of such data for monitoring and enforcement.

The Conference substitute adopts the Senate provision.

*Section 804. Foreign fishing incursions*

The House bill does not contain a comparable provision.

Section 304 of the Senate amendment requires the Secretary to report on steps that the Coast Guard will take to significantly improve the Coast Guard's detection and interdiction of illegal incursions into the United States exclusive economic zone by foreign fishing vessels.

The Conference substitute adopts the Senate provision with an amendment to also include incursions in the Bering Sea within the scope of the report.

**TITLE IX—TECHNICAL CORRECTIONS**

Section 401 of the House bill makes several technical corrections to current law related to the Coast Guard and maritime transportation.

Sections 501-518 of the Senate amendment make several conforming amendments to current law to reflect the transfer of the Coast Guard to the Department of Homeland Security from the Department of Homeland Security.

Sections 208, 520 and 521 of the Senate amendment make several other amendments that are technical or conforming in nature.

Section 601 of the Senate amendment establishes an effective date for technical amendments that were included in the Senate amendment.

The Conference Report makes several technical and conforming amendments to statutes related to Coast Guard and maritime transportation and establishes an effective date for those amendments.

From the Committee on Transportation and Infrastructure, for consideration of the House bill and the Senate amendment, and modifications committed to conference:

DON YOUNG,  
FRANK A. LOBIONDO,  
HOWARD COBLE,  
PETER HOEKSTRA,  
PETE SIMMONS,  
MARIO DIAZ-BALART,  
CHARLES W. BOUSTANY, Jr.,  
JAMES L. OBERSTAR,  
BOB FILNER,  
GENE TAYLOR,  
BRIAN HIGGINS,  
ALLYSON Y. SCHWARTZ,

From the Committee on Energy and Commerce, for consideration of sec. 408 of the Hosue bill, and modifications committed to conference:

JOE BARTON,  
PAUL GILLMOR,  
JOHN D. DINGELL,

From the Committee on Homeland Security, for consideration of secs. 101, 404, 413, and 424 of the House bill, and secs. 202, 207, 215, and 302 of the Senate amendment, and modifications committed to conference:

BENNIE G. THOMPSON,

From the Committee on Resources, for consideration of secs. 426, 427, and title V of the House bill, and modifications committed to conference:

RICHARD POMBO,  
WALTER B. JONES,

*Managers on the Part of the House.*

TED STEVENS,  
OLYMPIA SNOWE,  
(except section 414),

TRENT LOTT,  
GORDON SMITH,  
DANIEL K. INOUE,  
MARIA CANTWELL,

(except section 414),  
FRANK R. LAUTENBERG,  
(except section 414),

*Managers on the Part of the Senate.*

**THE PRESCRIPTION DRUG  
BENEFIT**

The SPEAKER pro tempore (Mr. FORTENBERRY). Under the Speaker's

announced policy of January 4, 2005, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, I am very happy, of course, to be here tonight to take this leadership hour and talk about something that is really near and dear to my heart but, more importantly, near and dear to the hearts of 41, 42 million seniors in this country who finally, because of the leadership of this Congress, the Republican leadership and this President, have delivered on a promise that was made years ago. And that delivery, I know a lot about them because as an OB/GYN physician before coming to Congress, I delivered 5,200 babies, but this may be the best delivery that I have ever been a part of, Mr. Speaker, and that is delivering, as I say, on a promise made by former Congresses and other Presidents over the 45-year history of the Medicare program, which was introduced in 1965 with no prescription drug benefit. And what we have done here is add part D, the "D" for "drugs" or, if you want, the "delivery" that we have finally provided to our American seniors.

This prescription drug benefit is a wonderful thing, and, of course, we are going to talk about that tonight. I have a number of my colleagues that have joined me, and we will be getting information from them, from their districts. We will be engaging in colloquy as we go through the hour, Mr. Speaker, talking about the success stories because we do not want to stand up here for an hour and expect people to take our word for this. I think it is very important, Mr. Speaker, that we hear from our seniors, whether they are from the 11th District of Georgia that I represent or whether they are from the gentlewoman's Virginia District, Representative THELMA DRAKE, who is here with us, and others.

But when we passed this bill in November of 2003 and the President signed it into law shortly thereafter in December, we had so much criticism from the other side of the aisle, it was really amazing. Of course, maybe I could understand the politics of it back then because we had finally delivered on a promise that maybe they had made and not delivered on. But we are into the sign-up period, and, in fact, May 15, after that date there is a penalty for late signing up, and yet the other side is still discouraging the 8 million that have not yet signed up. And that is, Mr. Speaker, I think just so disappointing.

I have heard for the last 1½ years the criticism from the Democrats about this program being nothing but a giveaway to the pharmaceutical industry, that the program was designed by them, that the government cannot negotiate price controls.

Well, I want to take a few minutes, Mr. Speaker, before yielding to my good friend from Virginia. Listen to this: on March 9, 2000, the Clinton

White House released the following "united vision for a new Medicare prescription drug benefit." Many parts of this vision closely mirror the Republican-passed plan that the Democrats have been opposing and criticizing for a 1½ years. And I take this text that I am going to read directly from the Clinton White House Web site.

The White House, Office of the Press Secretary: "President Clinton and Senate Democrats unified in vision for new Medicare prescription drug benefit for immediate release March the 9th, 2000. Senate Democrats agree on principles for a new Medicare prescription drug benefit. Today Senator Daschle and the Senate Democratic Caucus released a set of prescription drug principles that will guide the current congressional debate over the provision of a new Medicare prescription drug benefit to millions of seniors. These principles state that any new benefit should be: Number one, voluntary." Sound familiar? "Medicare beneficiaries who now have dependable, affordable coverage should have the option of keeping that coverage.

"Accessible to all beneficiaries." Again, sound familiar? "All seniors and individuals with disabilities, including those in traditional Medicare, should have access to a reliable benefit designed to give beneficiaries meaningful protection and bargaining power. A Medicare drug benefit should help seniors and the disabled with the high cost of prescription drugs and protect against excessive out-of-pocket costs." The catastrophic coverage in our plan. "It should give beneficiaries bargaining power that they lack today and include a defined benefit, assuring access to medically necessary drugs." Exactly what this Republican Medicare modernization part D bill does.

"Affordable to all beneficiaries and the program, Medicare should contribute enough towards a prescription drug premium to make it affordable for all beneficiaries. While subsidies should be provided to all to assure the benefit is affordable, low-income beneficiaries should receive extra help with the cost of premium and cost sharing."

Again, Mr. Speaker and my colleagues, does that sound familiar? That is exactly what this bill does.

Let me continue because this is just so instructive. Again, this is the Bill Clinton Presidency and Democratic Congress plan back in 2000.

"Administered using private sector entities and competitive purchasing techniques. Discounts should be achieved through competition, not regulation or price controls."

They have been griping about this for 1½ years, and their plan calls for private competition and no price controls.

□ 2200

It should mirror practices employed by private insurers in delivering prescription drugs. Private organizations should negotiate prices with drug manufacturers and handle the day-to-day

administrative responsibilities of the benefit." That is exactly what this plan does and what they have been railing about, again, for the past year-and-a-half. So hypocritical, it is unbelievable.

So I just wanted to bring this press release, this Clinton press release, and show you that the Democrats really wanted to do this, but they couldn't deliver. They could not deliver on the goods, and they can't stand it. They literally cannot stand the fact that this President, who they despise, who they detest, and this Republican leadership, who has been in control of this Congress for the last 12 years and is delivering, is getting things done, is not just simply sitting back and throwing bricks and screaming and hollering. And as we get closer and closer to the deadline, the rhetoric will continue to increase.

Well, I just wanted to start the hour, Mr. Speaker, certainly not on a negative tone, because we are very positive about this. I personally as a physician Member am extremely excited that we are leaving tomorrow, most of us will be leaving tomorrow, to go back to our districts for a 2-week work period.

I am told by our Conference chairperson, the gentlelady from Ohio, DEBORAH PRYCE, that the Republicans, the 231 of us in this body, have scheduled over 200 town hall meetings over this 10-day period while we go back home and work for our seniors, not against our seniors.

I am excited about it, because I have four of those 200 scheduled in my district, and I am really looking forward to it and looking forward to help get those few. I think I said at the outset that some 27 million of 41 million eligible have now signed up, probably 5 or 6 million of those who have not already have a drug plan. We understand that. They have a plan, whether it is TRICARE, if they happen to be a veteran, or the widow or widower of a veteran, or they are signed up under a company that they worked many years for and retired with not only health insurance benefits, but a prescription drug coverage. They don't need it. But there are still 6 or 8 million that do, and that is why I am excited to get home and bring the good news to them.

At this point I want to yield to my colleagues. We have several with us here on the floor tonight, Mr. Speaker. The gentleman from Pennsylvania is the first to stand, and I want to recognize him.

I want to say a little bit about him before I turn the microphone over to Dr. MURPHY.

Dr. TIM MURPHY is a classmate of mine. We came in the 108th Congress. We have served together now for about 3½ years. He and I actually cochair the Republican Health Care Public Relations Committee. We could probably spend this hour talking about any number of issues regarding health care that the Republicans have done.

But we are going to concentrate, as I said at the outset, and talk about this

Medicare modernization. We don't want to forget that part, because that is almost as important as the prescription drug part.

At this time, I am very proud to yield to my friend from Pennsylvania, Dr. Representative TIM MURPHY.

Mr. MURPHY. I thank the distinguished doctor from Georgia for yielding to me and for your important information for our colleagues and really for our Nation to understand the importance of the Medicare prescription drug plan.

Some of the things said will bear repeating several times over the next few weeks, and one of the points I want to talk about, as you have discussed as well, is misinformation that is sent out about this plan.

Any time something is new, there is going to be some glitches. All of us, when our children were new, well, we knew as parents we didn't exactly know everything we were doing and we had a foul-up or two, but we persevered and our children turned out well. No matter what one does in life, when it is something new in learning the ropes of it, it is going to take a little adjustment.

But as we were signing up 27 million seniors at a rate sometimes approaching 400,000 a week, the system wasn't always perfectly ready for all of them, and there were some glitches, particularly for some folks who were dual eligible.

But the point is HHS or Medicare responded, put extra people on board, worked out some of the glitches, and I am pleased to say that many of the seniors that I talked to are very pleased with this program.

As a matter of fact, I was recently giving a town hall meeting, there must have been 200 people in the audience there, and I asked how many of them have yet to sign up for a Medicare plan? Not a single hand went up. It seems that all of them had looked at the plan at that point, and that Pennsylvania had chosen a number of things.

One gentleman decided to stick with the veterans plan. He liked that. He had served in the military for many years now as a veteran. Another woman was pleased that she could maintain the Pennsylvania PACE plan for low income seniors that worked well for her. Another woman said she was actually saving several hundred dollars so far, and it was only March, with the Medicare prescription drug plan.

It is folks like this who really tell the truth about what is going on. While politicians may be out there trying to scare seniors, it is the seniors themselves that are perhaps the best salesmen saying it is valuable.

It was only a short period ago that the stories that were always in the newspapers were of seniors getting on board busses and going off to Canada to pick up their prescription drugs, or perhaps using mail order systems to

try to pick up prescription drugs. But I want to point out a couple of things that is important that.

One, a study of the overall costs of traveling off to Canada, it turns out that the overall cost savings was probably only around 1 percent when you looked at it. But AARP and others have said that actually the savings that comes from the Medicare prescription drug plan are at least equal to and sometimes better than traveling across the Nation's lines to pick up drugs.

Also a very, very important savings factor here is not just a matter of saving money, but saving lives. And in the process of seniors trying to find drugs that are affordable to them, Mr. Speaker, what they are also doing is getting on the Internet or going through mail order houses and trying to pick up prescription drugs from foreign sources and tragically finding that those sources contain counterfeit drugs.

One, a drug used to treat schizophrenia, it turned out to be nothing more than white pills that said the word aspirin on them. Other medications had water in them that was tainted. Other ones may have had paint or foreign substances in them.

The point is, not only were they sometimes toxic in and of themselves, but in not treating the illness, the things that went with that is sometimes having seniors take medications that they could have been allergic to or take medications that certainly, at the very least, were not treating their illnesses.

By having an affordable prescription drug plan, what we have instead is getting the right medicines to the right people so that they are taking medications that are valuable to them and can help treat their illnesses.

But let me point out some more things we have to understand, because as people also look at the expense of a prescription drug plan, we have to understand that, unfortunately, the way this system works in this Federal Government, the Congressional Budget Office doesn't ever tell us how much we save. But take a listen at a couple of these points.

First of all, ulcer surgery has become a relic of the past. New drugs, Nexium, Prilosec, other things we have seen advertised, really have ended up treating ulcers so well that surgical procedures to correct ulcers has fallen, and today it is really a thing of the past.

Medicines also reduce hospitalizations and surgery for heart disease. Drugs that reduce, for example, cholesterol levels and other things that in the past had been an automatic admission to a hospital and bypass surgery and angioplasty now we find are going down.

Medications to treat Alzheimer's diseases. Medications that have also worked out there to improve the cognitive functioning over time and keeping people out of long-term care and nursing care longer.

Also, listen to this, overall new medicines play a significant role in the life

expectancy gains made in the U.S. and around the world. Recent research published in the Journal of Health Affairs concludes that new medicines generated 40 percent of the 2-year gain in life expectancy achieved in 52 countries between 1986 and 2000. In other words, we are not only providing medications that are affordable, but medications are now there that providing better and longer life for many seniors.

The list goes on with so many more, cancer drugs, drugs to treat AIDS, HIV, drugs that prevent stroke, that improve quality of life of children. There is a wide range.

But the main thing is before the Medicaid prescription drug plan came into effect, so many seniors, well, it was much like window shopping. You could look in the shop and admire the merchandise, but you couldn't go in to get it. Now that has changed. And that is a message that we need to be telling across America as we are doing tonight and our colleagues are going to do during this break.

It is of no value, as a matter of fact, it is a negative value and of questionable ethical value I think sometimes if people only spend their time criticizing the glitches that have been in the program, as with any program that occurs, whether it is a public or private program, criticizing it, standing on the outside and frightening seniors, frightening seniors into thinking that because there was complexities and difficulties, therefore they should not sign up.

I worry about this, Mr. Speaker. I worry because when I have held town meetings and I have heard seniors say "I heard this is difficult; I don't think I can understand it so I have been holding off doing it," my worry in those circumstances, when the people are just playing politics with patients and frightening seniors away from this program, what happens if a senior needed medication and they did not get it because someone frightened them away?

The point is, if one dials 1-800-Medicare, they can talk to someone who is helpful. If they go on to web sites, Medicare.gov, they can get the information that they need. They can sit down with a family member or friends. And many drugstores, many pharmacists throughout the Nation will provide the kind of consultation free of charge to help seniors walk through this. But they need their name, address, their Social Security number, the names of the drugs they are on, the dosage levels they take, the prices they pay.

And don't just compare what it is today when you have the deductibles and copays. Look at what happens to the long-term costs throughout the year and look at those prices and determine which of the many plans available are the best ones for you. That is the message we should be telling seniors.

You know, so often in America we criticize that costs go up when people

do not have a choice. Here with Medicare, people do have a choice. They have a choice of looking through many, several plans. They have a choice of doing nothing at all, quite frankly. But it is something that is available to seniors. And the main thing about this is having the availability of medications which can be lifesaving and life extending and help the quality of life, make the difference between someone who may be bound up in a nursing home and someone who is still at their home, those are the kinds of stories that Americans need to be talking about.

While there are those criticizing frightening seniors, let's remember this. Instead of frightening seniors, we should be thinking this: 27 million seniors have signed up for this program so far, and many more will sign up in the next few weeks. Those 27 million seniors can't all be wrong. And instead of politicians mocking them and mocking the program, maybe, just maybe, we would all do better to link our arms and say let's do what we can to help every senior get the medications they need. And even if they don't need them now, to sign up for a program, just like you don't need homeowner's insurance today if your house isn't on fire, you don't need automobile insurance today if you haven't had an accident, but you have it there in case you do.

Sometimes with low costs in Pennsylvania, I know it can be as little as \$10 a month. Someone can at least have the piece of mind of knowing it is there when they need it. These are the things we need, Mr. Chairman. And to my colleague, Dr. GINGREY, I am so pleased that you have done so much to help seniors throughout the Nation know this and help our colleagues know this.

There is the deadline coming up next month for seniors to sign up, and it is good news that so many seniors are looking towards that deadline to sign up. Some have waited a little bit and want to see some glitches out of the program. Many of those are being addressed now. I certainly congratulate the Secretary of Health and Human Services for all of the work he has been doing to get this message out.

But we are not done, and as colleagues we need to be working together for the sake of our patients. Let's stop playing political games and really do what is right and decent and honorable for America's seniors.

I yield back to the gentleman from Georgia, and I thank you so much for sharing the time.

□ 2215

Mr. GINGREY. Mr. MURPHY, thank you so much for that and for your insights.

As I was standing here listening to Mr. MURPHY, I cannot help but, Mr. Speaker, wanting to go back just for a moment to this press release of March 9, 2000, from the Bill Clinton White House. There were a couple of things that I did not mention that I want to read to you before we yield to Representative DRAKE.

In this press release it says, and this is one of the bullet points, "Consistent with broader reform. The addition of a Medicare drug benefit should be considered as part of an overall plan to strengthen and modernize Medicare. Medicare will face the same demographic strain as Social Security when the baby boom generation retires. Improving benefits is only one step in preparing Medicare for this new century's challenges."

I will say one thing about the Democrats, they are pretty consistent because they opposed any changes to Social Security as well. In fact, this is exactly what they called for but, once again, as I said at the outset, they could not deliver and it is killing them. But unfortunately, their continuing rhetoric runs the risk of killing some of our seniors, the six or so million of them, who need this benefit. And it is just shameful. Shameless, as Garth Brooks sings the title of one of my favorite songs. But they keep on. But hopefully maybe over the next couple of weeks, maybe during this 2-week recess they will get religion. It is certainly a time for religion. And they will understand that it is time to stop playing footsie with our seniors and misleading them and trying to be part of the solution and not part of the problem.

Mr. Speaker, it is a pleasure at this time to introduce my colleague for her remarks, the gentlewoman from the Second District of Virginia (Mrs. DRAKE). She is a freshman but you would not know that. Her experience and the things that she has done in a short period of time in this body, on our side of the aisle, has just been amazing. She is a member of the House Armed Service Committee. She is passionate about veterans health care and health care for our military. So it is indeed an honor to have Representative DRAKE with us tonight.

Mr. Speaker, I yield to the gentlewoman from Virginia.

Mrs. DRAKE. Mr. Speaker, I would like to thank the gentleman for that very kind introduction and also for the opportunity to come and talk about such a wonderful program. You used the term that it is the modernization of Medicare, and often we only talk about the prescription drug benefit and seldom do we hear that we now have welcomed to Medicare checkups for our seniors as they are entering into Medicare.

But I would like to take a moment first and thank all of the people across America who have worked so hard to bring this program to our seniors, to explain it, so that our seniors have the information and can make the best choice for them. I know that the CMS employees have worked very hard. Our Agencies on Aging, our Senior Services Agencies have already been side-by-side with us in Virginia working, and many Members of Congress have been holding meetings since last fall.

Now, of course I have seen a great number of increase in people once we

got into the first of the year after last fall. But I would also like to thank our pharmacists. I have had town hall meetings where pharmacists have come. I have had people in the Second District tell me they go to the pharmacy at their drugstore, leave their information they have filled out with their pharmacists, come back later and the pharmacist has run the program for them.

Well, as you said, I am a freshman so I was not involved in the debate or the vote in 2003, but by holding meetings throughout the district I have learned an incredible amount about this program, and I have heard what our seniors are concerned about and certainly I have read the newspaper articles that say it is a confusing program. I would disagree with that completely. But I didn't know that not only were our seniors hearing from Medicare, they were hearing from me, and they were hearing from all of the 18 companies in Virginia that offer 42 programs. And I think that was one of the concerns in 2003, was would companies step up, would they offer this? And what we have seen overwhelmingly is yes, companies have stood up. Companies have created competition. They have reduced the price on the programs.

Our seniors have not only a voluntary program in this Medicare program, if they choose to do exactly what they are doing and do not want the program that is entirely up to them as long, in my mind, that they know there are other options out there for them that are certainly much less expensive. And I know that the underlying premise when this was passed was that if we keep people well our overall health costs would be less. And as Congressman MURPHY just told us, it is much cheaper to provide a prescription drug for heart disease than it is to do heart surgery.

We have also heard the stories in 2003 about our seniors who either were not eating, were not heating their homes or were not buying their prescription drugs. I commend Congress for passing this legislation and all the people that have worked to put it in place. 42 million Medicare recipients and of that we know we are at 27, 28 million people right now. Six million do not need to sign up because they have as good or better coverage through a better plan. And our goal between now and May 15 is find those other 6 million people and make sure they know about the program.

Some of the things I have learned in the district, first of all, seniors did not understand that this is available to everyone. There is no income qualification. If you are eligible for Medicare you are eligible for this program.

I had one couple come just to ask me one question and they raised their hands early in the program and the man said, I have a wonderful health care coverage through my employer. I am retired. He said, but when I die my wife cannot continue in the program.

So what does she need to do? And the answer was she is completely covered. When she loses that coverage, then she can go into Medicare part D with no penalty and she can go in within 60 days of losing that coverage. So little things like that.

One man raised his hands and he said, I was talking to my insurance agent, because it is important to remember that Medicare part D is not a government program. It is private sector insurance policy with a reduced premium because of the Federal Government. He said, my insurance agent told me it was okay to buy a plan that didn't cover my prescriptions. And I said, no, that is the wrong answer. You call that agent today and say your Member of Congress says you may not buy his plan until he gets your prescription drugs.

And what our seniors will find if they call, come to one of the seminars, we have asked people in our district to feel free to call us. We are happy to get them in the right place. But if you sit down at the computer, and I have done it myself, and I just go to [www.medicare.gov](http://www.medicare.gov) and you scroll down very slowly and you do not go off into space somewhere on the left-hand side of the screen, you just keep scrolling down. Answer the questions. Put in the information and, most importantly, what are the drugs that you take, and that will sort through all the programs and give you the very best options.

I stopped and visited a friend on New Year's Eve. She had recently lost her husband and I thought that would probably be a tough time of the year for her. While I was there I asked the question I seemed to ask all seniors today and that is, what are you doing about Medicare part D? When I asked I was surprised that she had no prescription drug coverage. And she said, I only take one prescription. It is \$78 a month and I am not going to do anything. And I said, well, there are choices out there and maybe you should call or you should write and you should get the information.

She said, I have already done that and she had the chart laid out of three plans that covered her drug. As she talked to me and looked at the plans, it became very apparent that there was one plan that would cost her \$25 a month, \$35 for her prescription, and she was going to save \$28 a month just by signing up for that plan and that makes the assumption she won't take any additional drugs over the course of this year.

I think it is important, and you have talked about the May 15 date, and our seniors I think are well aware that since this is a private sector insurance policy and it has open enrollment, it has penalties. If you do not sign up in time, just like a lot of other insurance products, there will be a penalties after May 15. But the other thing that is so important to remember is that if you do not sign up, May 15 enrollment is closed until November 15 and then you

can sign up for January 1. So our seniors could be facing 7 months of not being able to get into the program simply because they didn't realize that. They didn't understand what their real choices were.

So I applaud everyone who is working hard to tell them. Thank you for holding this tonight. Thank you for giving me the opportunity to talk. There are lots of success stories in the Second District. And I know you have other Members that want to talk about it as well. So thank you for giving me the opportunity. I certainly am grateful. I know our seniors are once they are signed into the plan for what this plan offers to them.

When I talk to people my age or their parents, because they will come to our meetings, their first question is, How do I get it? My answer is, You have to be 65. So thank you very much.

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman so much for being with us tonight and I want to maybe expand just a little bit on her comments in regard to the penalty, as she explained it very carefully as to why that is necessary part of an insurance program.

By the way, Mr. Speaker, that is the exact same situation that exists with Medicare part B. Medicare part B was there in 1965 but it was the optional part. I think former President Truman was the first person to actually voluntarily sign up for part B, the doctor part where it is premium based, and the individual Medicare beneficiary pays 25 percent of the costs and the taxpayer and Medicare, if you will, pays 75 percent.

I will bet you, Mr. Speaker, I will bet you that 98, 99 percent of seniors voluntarily sign up for part B and they do it within the 6-month window of opportunity because if they go beyond that then just like in this part D, because a person on part D is an example, as Representative DRAKE pointed out. If they do not sign up for it and they go beyond the sign-up period, and then all of the sudden they get sick and they go from taking that one drug a month at \$78 that she talked about to taking five at \$5,000 a month, then they should pay more for their premium. So it is very important and it is not a punitive thing, but it is there to make the program work.

Mr. Speaker, we are again honored by one of our colleagues who has served in this House. I think this is his fourth term, and I am talking about the gentleman from Minnesota who I think very soon after November will be the United States Senator from Minnesota, and I am speaking none other than Representative MARK KENNEDY.

Representative KENNEDY, thank you for being with us tonight. I yield to you at this time.

Mr. KENNEDY of Minnesota. Mr. Speaker, I thank the gentleman for his leadership on this issue and all that he has done to make sure that that our seniors understand how important this

program is and how it can really benefit them. Too many are out there trying to just dish the program and spread really complicating lies about it and scaring seniors. That is not what we ought to be doing to our seniors.

We ought to be out there making sure they understand the benefits that can be available to them. Through the efforts of you, so many in the community, as was mentioned, more than 27 million seniors are now enrolled in the Medicare part D prescription drug benefit. They are seeing hundreds, even thousands of dollars of savings. In fact, CMS, the Centers for Medicare and Medicaid Services, have projected that the benefit will save the average senior \$1,100 this year. Meanwhile, the AARP and others have found that the benefit lowers the cost of drugs for seniors by an average of 44 percent, with low income seniors seeing price reductions of up to 90 percent.

Better yet, the average senior's monthly premium is 32 percent below the average estimate, a third. This terrific reduction is evidence that the market base competition used by Medicare part D is working to drive down prices and increase the benefits for our seniors. At the same time, CMS has reported that the projected costs of administering the benefit has come down \$7.6 billion in 2006 from what they originally estimated, and States will see at least \$700 million in additional savings this year.

All of this is very good news. However, the May 15 deadline for eligible seniors to sign up for the plan without penalty is fast approaching. Well, the program's enrollment has surpassed earlier estimates. There is now still more that needs to be done. That is why it is important that community activists and we as Members of Congress have been holding sign-up forms in our districts to spread the facts about this great new voluntary program.

□ 2230

These forums bring together CMS, trained volunteers, seniors and their families together in an environment where questions can be answered and seniors can become informed about which plan best fits their needs so they can begin saving on their drug costs.

I was pleased to hold two large forums in my district in Minnesota earlier this year, and I am working hard with other groups to help hold forums of their own. I want to thank those community groups who work in towns and cities all over this Nation to make sure seniors know their options. These events and other forums are essential to making sure that seniors who want to sign up for the Medicare drug plan are able to do so before May 15.

Mr. Speaker, it is easy for me to stand here and talk about the benefits of this plan, but do not just take it from me. Take it from the seniors who are realizing, in some cases, hundreds of dollars in savings every month.

Countless seniors are reporting that they now have more money to use for other things, like paying for their bills or visiting their grandchildren.

Before the Republican Congress acted, we heard terrible stories of seniors forced to choose between life-saving medication and food. We heard these stories years, but we never saw action from our friends on the other side of the aisle, but we acted. Seniors are saving as a result.

I encourage my colleagues, and I thank Dr. GINGREY for his leadership on this, to continue to educate seniors in their districts before this May 15 deadline so every senior has access to affordable drug coverage, and I would turn it back over to the distinguished doctor from Georgia to continue to talk about what kind of benefit seniors are getting and why it is important that we take the time to make sure they understand before the May 15 deadline.

Mr. GINGREY. Mr. Speaker, I would just like to say I thank the gentleman, and I think the seniors are very fortunate, whether MARK KENNEDY is serving in this United States House of Representatives or representing them in the other body soon as a senator in the United States Senate. They are indeed fortunate to have his compassion and caring attitude, and I commend him for that.

Mr. Speaker, I think what I would like to do here for a minute is sort of frame this problem, before we delivered on this prescription drug benefit, to make sure that our colleagues and anybody within shouting or listening distance might possibly be watching our proceedings tonight, did they understand the situation that existed before we delivered on this promise of a prescription drug benefit part D under the Medicare program. Where were the seniors getting their prescription drug coverage before this plan?

Well, this first slide, Mr. Speaker, I want to make sure that my colleagues can see this. There were a number of people. This is about 26 percent, an estimate of seniors that had employment-based plans. We talked about that. We have talked about the fact that people worked 25, 30 years for a company, and part of their retirement benefit may be a little pension hopefully and a little health care benefit, in many cases to include a prescription drug coverage.

Now, there has been concern among these 26 percent because even before we brought forward this well-conceived, well-thought-out plan, in fact it was thought out pretty well, as I pointed out earlier on March 9, 2000, by President Clinton and the Democratic leadership in the Senate. They just did not deliver on it, but the 26 percent were concerned because employers were dropping these plans or changing the guidelines. All of a sudden a senior gets a letter in the mail, and it says, oh, by the way, first of the year, you are going to have to pay, instead of 20 percent of the premium, you are going to

have to pay 30, and oh, by the way, it is no longer going to cover prescription drugs or we have got a very limited formulary; it is not going to cover your hearing aid or your eyeglasses or whatever or even worse than that, Mr. Speaker, would be the ultimate dear John letter. That is a letter, that pink slip, that says, guess what, we are dropping your coverage; we are going to completely drop your prescription coverage or may, in fact, drop the whole health insurance coverage, and this has happened.

It was happening, and under this plan, though, to prevent that, to try to stop that, we, in designing this plan, this Republican majority, this President, under our leadership, we said, look, we will help you, John Q. Employer, if you will continue these plans and you will not renege on these promises. We will reimburse you, really, for some of the cost of those plans so that you do not drop them.

Again, I go back to my Clinton press release. One of the things that they called for in 2000, optional of course for all beneficiaries as we said earlier, but also provides financial incentives for employers to develop and retain their retiree health coverage. That is what Clinton and the Democrats called for. This is another thing that they have been railing against, the fact that we have incentivized these employers not to drop these plans.

Well, okay, 26 percent have employment-based plans. Three percent individually purchase policies. That would be like my mom, Helen Gingrey, my precious mom who has a medigap policy, but now, unfortunately, the prescription part of that was so expensive that she had to drop it. Of course, the Department of Veterans Affairs and TRICARE, we talked about that. That is about 3 percent. About 12 percent are covered by the State Medicaid program. Some are more generous than others, I think very generous in my State of Georgia, and then some other State-based programs and other sources, 6 percent.

But the real eye-opener on this chart, on this pie graph, is that 40 percent before this plan, 40 percent were getting prescription drug coverage out of their own pocket. In other words, they had no coverage, and they had no bargaining power, Mr. Speaker. They simply went to the drugstore and they paid sticker price, you know, like buying an automobile and not getting any discount because you did not know to ask for one. They had no clout, one individual and elderly, frail senior, and so they were paying sticker price, and that was the problem. That is why we knew that we had to do something, especially for the neediest, especially for those who literally were breaking pills, running out of medication, not going to the drugstore because they are embarrassed that they could not pay.

It is an act of compassion on our part, really, for the neediest seniors especially, and of course, now, the good

news is that, and this next slide shows, a total of 27 million seniors now have coverage under Medicare Part D.

I see that the gentlewoman from Virginia has been kind enough to stay with us, despite the lateness of the hour, and I want to yield a little time to her and maybe we can get engaged in a little bit of a colloquy in talking about the some of the things that we both notice in our district.

Mrs. DRAKE. Mr. Speaker, I thank you for that, and you brought up the issue of your mother, and that is a very important thing for us seniors to be thinking about because many of our seniors did buy the supplements that you are talking about that gave them some health care coverage as well as their prescription drug benefits.

My daughter's mother-in-law has one of those, and she is paying over \$300 a month for it. So we went online, and we looked at what can she get today under this new program. So I think it is important that people like your mother do not think that because they have one of those plans from before that that is good enough, that they can go on today and save an incredible amount of money. You can go into plans today that give you the health care coverage, as well as the prescription drug coverage, but there, again, with that reduced premium, my daughter's mother-in-law is going to save over \$100 a month by going in and re-vamping that policy.

I know a lot of our seniors got kind of hung up on the thought of deductibles and things like that, but there again, you need to understand that when Medicare set the plan, when Congress passed the plan, they put a cap on what a deductible could be of \$250, and many of these plans have no deductibles. We keep talking about a donut hole where there will be a gap in coverage at a certain point, and what I say in my meetings is, if you did not have any coverage, you have been living in a black hole. You can pick a plan that has no gap in coverage based on what you want to pay monthly and how to streamline it for you.

The other point I wanted to make as you continue on is one of the questions I have really been asked is what if I take no medication. Isn't that a wonderful thing for our seniors today? I always look at them and say I bet you bought a homeowner's policy and you have insurance on your car and you buy those before you need them. Same thing for our seniors with prescription drug coverage.

When they go in and look at these programs, there are so many options, low-price options, that it is worth that for the peace of mind to know that next year when you go to open enrollment, you can always change the plan, upgrade the plan, but you are in the plan.

So I thank you for letting me talk about your mother.

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman and my mother

thanks the gentlewoman, but you have made such a great point about the option, and Representative DRAKE talked about the number of plans in Virginia. It is kind of similar in Georgia. There may be almost 50 plans, but there are only 18 companies.

But what that means is companies, good companies, offer more than one plan, so that seniors have the option, as she described, to say, well, if somebody says well I do not need that, I have got the Methuselah gene, that means you live a long, healthy life. A person like that might say, well, I do not take anything, I buy a few over-the-counter drugs a year and I bet I do not spend \$200 a year. Well, God bless them. They are lucky. They are fortunate, but what Representative DRAKE is talking about is that very next week may be the time that the chest pain strikes and all of the sudden you have a coronary bypass or stints put in and you are on five or six medications. That happened to yours truly a couple or 3 years ago, and then all of the sudden you are kind of stuck.

So what the gentlewoman from Virginia was saying is look, seniors, if you are in that fortunate situation, do not roll the dice on this because you could come up snake eyes. Go ahead and take one of these plans where the monthly premium is 20 bucks a month. There is no deductible. There is a donut hole, but you are not worried about that donut hole because you are blessed with that Methuselah gene. Then later on, as she so correctly pointed out, if something does happen, then you can switch, and you do not have to pay a penalty because you did not sign up; you did not roll the dice and come up snake eyes.

Then the corollary to that is say someone who has a lot of prescription drug costs, they are already on six or eight drugs and they are spending \$10,000 a year, and they look at that and they say hey, look, give me one, I will pay a higher monthly premium, I may pay 60 bucks a month premium, but that plan gives me coverage in that so-called donut hole. That is important because they are already spending a lot of money, and so you tailor these. The companies are actually doing that. I think it is a great thing.

Mrs. DRAKE. That is what is so important is that our seniors have choices, and you mentioned our veterans. I just wanted to finish up with them and let you finish up this evening and to remind our veterans that they are the only group of people that keep their veterans benefits and can purchase into Medicare Part D as well. So that gives them the ability, if there are medications they need that are not covered by the VA, that they can be covered by Medicare Part D. So I want to make sure that they understand that since they are the only group that can have both.

So certainly thank you again for letting me be here. Thank you for letting me talk about your mom and talking



about our veterans, and there are so many things to talk about with the program. I would like to encourage everyone, if there is a workshop in their area, to please attend because it is amazing the questions and the answers and the much better understanding and that you realize this is a good product for seniors. The price is so much lower, and it gives them so many choices.

Mr. GINGREY. Well, I thank the gentlewoman, and I know she is looking forward to going back into the 2nd District of Virginia tomorrow, and I am sure she is one of the many Republican Members who have got those town hall meetings scheduled to get those remaining 6 or 8 million signed up, and I thank her.

At the outset, I said do not just take our word for it, and I have been expounding a little bit for the last 50 minutes, but I did want to give some anecdotal stories, and let us do that for a moment, Mr. Speaker.

□ 2245

Barbara W. From El Mirage, Arizona, had no prescription drug coverage. She spent more than \$2,600 a year on medication just this past year. She wanted an inexpensive plan with a low premium, so she did enroll in the part D plan, and it only had a \$6.14 monthly premium. In 2006, she will save \$1,800, nearly \$200 a month, the lady from Arizona. God bless her.

Here is another, Mr. Speaker. Sandra S. from Woodland Hills, California. In 2005, she spent \$4,600 per year on prescription drugs. She read about Medicare part D in the Los Angeles Times. I am sure they weren't praising it, but thank goodness she read about it. She called 1-800-MEDICARE for help. She wanted a plan with no donut hole. We just talked about that a minute ago. Her plan has a \$50 monthly premium, no deductible, no gap in coverage and, of course as all those plans, it has that catastrophic coverage. So that if you really get into a year where you have out-of-pocket expenses of \$3,600, out of your own pocket, then after that, the insurance pays 95 percent and you only pay 5 percent. What a godsend. Total savings for Sandra, \$2,400 a year.

I think we have a couple more that I wanted to show. Barbara L. from Kemp, Texas. In 2005, spent \$2,100 on prescription drugs. She enrolled in an AARP part D plan. They have a very good plan. So in 2006 she expects to pay \$360. Barbara saved \$1,740.

Well, I could go on and on, but let me just say one other thing, because I mentioned AARP, the American Association of Retired Persons. I am proudly one of them. I am not retired, but I was eligible and got my card at age 50, so I have had it a while. Thirty-seven million seniors are members. And AARP is not typically a conservative organization, supportive of Republican ideas. More typically, they are supportive of the Democrat line of thought, and yet they have supported this program.

My colleagues on the other side of the aisle came down to the well, Member after Member after Member, telling members of AARP to tear up their cards and throw them out the window. Thank God for AARP.

In fact, we had a press conference today, Mr. Speaker, talking about the plan and what the Republican Members are going to do when we go back to our districts, and we have 76, count them, 76 organizations that are supporting this program. The AIDS Institute, Alzheimer's Association, American Geriatric Society, American Pharmacists Association, Association of Black Cardiologists, National Hispanic Medical Association, National Alliance For the Mentally Ill, National Alliance for Hispanic Health, the Generic Pharmaceutical Association, and Easter Seals. I could go on and on, but there are 76.

Let me talk briefly as we close about groups misleading seniors about Medicare part D. In fact, they were out there protesting our press conference on the terrace of the Cannon Building this afternoon. Guess who was there chanting against seniors? MoveOn.org and far left shadow groups.

So let's see. Doctors, pharmacists, hospitals, health care providers and AARP, versus MoveOn.org, NANCY PELOSI, and other far-left groups. Who do you trust with senior health? I think the answer is pretty obvious, Mr. Speaker, and I am proud to be part of the solution and not part of the problem.

Mr. HUNTER. Mr. Speaker, will the gentleman yield?

Mr. GINGREY. Mr. Speaker, I want to yield very quickly to the chairman of the House Armed Services Committee, my chairman, and I am talking about the gentleman from California, Representative DUNCAN HUNTER. I gladly yield to the chairman.

Mr. HUNTER. I thank my friend for yielding, Mr. Speaker, and I would just take a minute. I have been watching my friend and the gentlewoman from Virginia (Mrs. DRAKE), and I just wanted to tell you how proud I am of the job that you do representing your districts and representing those great contingencies of American veterans and active duty service people in your district.

I wanted to say, and I know you have been talking about health care, but I wanted to talk about another type of security just for one second, and that is national security. And I know my friend has been to Iraq, and I think he is going again soon, and many other Members of this body, Democrat and Republican, are going. Now is the time when America should take heart.

I have watched the newspapers and the mood of this House as of late, and I feel, especially coming from the Democrat side, the message is one that I have seen before. It is a message that we saw in the 1980s, when Ronald Reagan faced down the Soviet Union, and you had calls from the far left to the effect that President Reagan was

going to have a war with the Soviets, that he needed to acquiesce, he needed to engage, even as they ringed our allies in Europe with SS-20 missiles. And yet Ronald Reagan stood tough. He stood for a policy of peace through strength. And at one point the Soviets picked up the phone and said, can we talk? And when we talked, we talked about the disassembly of the Soviet empire.

Similarly he stood tough in Central America, and today those two nations in question, El Salvador and Nicaragua, have fragile democracies because of America. Today, we are providing that military shield in Iraq while we put this fragile government together, a government based on something new in that part of the world: Freedom and representative government.

You know, this has been done on the shoulders of the great American servicemen and women who serve us in that very troubled and difficult part of the world. And their job is dusty and dirty and sometimes bloody, but it is worthwhile. And what they are giving to us, if we can stabilize that country and that neighborhood and have a country that has a benign relationship towards the United States, will accrue to the benefit of generations of Americans.

So now is the time to take heart. Now is the time to not fail. Now is the time to stand firm, and I want to thank the gentlemen for his work on Armed Services and the Rules Committee, for the great work he does in that regard.

Mr. GINGREY. Mr. Speaker, I thank the gentleman so much in these closing seconds. And of course we know of the work of the esteemed chairman of the House Armed Services Committee, Representative DUNCAN HUNTER. What a wonderful way to close this hour.

What is more important than the defense of this Nation, as this great patriot just described, and providing health care for our precious seniors?

#### IN SUPPORT OF NOGORNO-KARABAKH

The SPEAKER pro tempore (Mr. FORTENBERRY). Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I rise tonight to lend my support to the Republic of Nogorno-Karabakh in its pursuit of independence and international recognition. I believe that U.S. recognition of the Republic of Nogorno-Karabakh would greatly contribute to stability and peace in the South Caucasus region.

Nogorno-Karabakh is a country of proud citizens committed to the values of freedom, democracy, and respect for human rights. We as Americans cherish and defend these same values at home and internationally. The path to freedom has not been easy for the people of